

## **FY21 ALTER Amendment #1 (OCMO) UPDATED**

Sponsor: CM Alter

Co-Sponsors: Kitchen, Tovo, and Pool

Strategic Outcome(s): Public Safety / Health & Environment

# **Creating the Office of the Chief Medical Officer and Expanding Community Access to Physician Services**

Public health is a foundation for a thriving city, and investing in Austin's medical systems supports the long-term health and wellbeing of Austin residents. I am offering this budget amendment to ensure the City of Austin learns from the COVID-19 pandemic and moves forward with an innovative and proactive approach to healthcare.

First, this amendment combines the roles of the EMS Medical Director and Local Health Authority (or Alternate Health Authority) into one position – the Chief Medical Officer. Second, this amendment transitions the Office of the Medical Director to the Office of the Chief Medical Officer and strengthens its clinical scope by adding several FTEs to expand community access to physician services. This transition also creates strategic alignment of clinical services provided by the City of Austin by developing clinical reporting relationships which will improve coordination of healthcare services across city departments. Together these steps allow us to blend our overall health policymaking and programs with our response to medical emergencies. These changes will enhance our ability to provide direct and telehealth physician and physician assistant services to the City of Austin and Travis County community.

The Travis County Medical Society (TCMS) has made recommendations for staffing and oversight ratios in the EMS system. This amendment proposes using these recommendations to determine appropriate funding and staffing levels to better serve residents. Under TAC 197.1, state law requires that the Medical Director be provided with necessary resources to carry out their State-mandated duties. The Council will need to determine whether we can reach the appropriate levels of oversight in one or if we need to take two years to make the transition. The below presents a two year scenario.

We propose funding the Office of the Chief Medical Officer through adjustments of our fee schedule. Funding options include charging an additional support service fee on ambulance transport bills, levying a new surcharge for EMS patients that do not live in Travis County, adding a per vehicle AFD fee for Motor Vehicle crashes or some combination thereof.<sup>1</sup> We also note that enhancements to physician services will allow COA to leverage anticipated opportunities for providing care to the most vulnerable funded via new reimbursement models piloted by the Center for Medicare and Medicaid Service through its Emergency Triage, Treatment and Transport Initiative (ET3).

## **Office of the Chief Medical Officer**

### **Chief Medical Officer Position**

**Merging the roles of the EMS Medical Director and the Local Health Authority (or Alternate Health Authority)**

\$75,000 to transition 1 FTE

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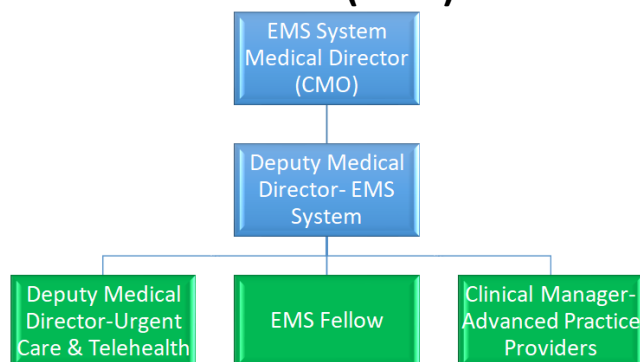
<sup>1</sup> The City has systems in place to assist those who are uninsured or are unable to pay their ambulance transport bill.

*The CMO will provide oversight over all clinical services offered by the City of Austin, and is responsible for strategic alignment across departments related to health care and mental health services. The Chief Medical Officer also will serve as Health Authority or Alternate Health Authority pending the appointment by the Director of Austin Public Health and confirmation of the Austin City Council and Travis County Commissioners Court. Transitioning these roles into one Chief Medical Officer position means a single position would strategically align our proactive and emergency health practices, enabling our systems to catch minor ailments before they become emergencies and making the entire system more efficient. A CMO model also could position us well to leverage anticipated changes to reimbursement models to improve public health in Austin.*

*Note: The costs above are the marginal adjustments needed to expand the EMS Medical Director's portfolio to that of a Chief Medical Officer. The funding and FTE for the Austin Public Health Medical Director and Health Authority remain in APH and transition to the APH Medical Director role performing current duties of the Medical Director in relation to supervision of clinical services provided by the department and also cover professional costs (membership, travel, and continuing education) associated with CMO duties related to Public Health.*

## Strengthening the Office of the Chief Medical Officer

### Phase I (FY21)



#### **Deputy Medical Director**

##### **Addition of one Deputy Medical Director**

\$202,563 for 1 FTE prorated for the anticipated start date plus one-time costs of \$81,500 for response vehicle and equipment. Office and peripheral costs total \$18,530. Continuing medical education totals \$3,000. Phone allowance totals \$1,260.

*The Deputy Medical Director added in Phase I will oversee Urgent Care and Telehealth and provide support for the Chief Medical Officer.*

#### **EMS Fellow**

##### **An additional full-time physician**

\$50,000 to UT Dell Medical School. Full salary and support provided by the UT Dell Medical School.

*Through a partnership with Dell Medical School and Ascension Health, the EMS Fellow program supplements the City's current physician staff with a licensed physician in training to become a subspecialist in EMS Medicine.*

### **Clinical Manager**

#### **The addition of one Clinical Manager for Advanced Practice Providers and Community Health**

\$134,128 for 1 FTE plus vehicle and equipment costs of \$81,500. Office and peripheral costs total \$18,530. Continuing education totals \$3,000. Phone allowance totals \$1,260.

*Transitions the current temporary Paramedic Practitioner to a full-time permanent position overseeing future Physician Assistant and providing oversight for the Community Health Paramedic program.*

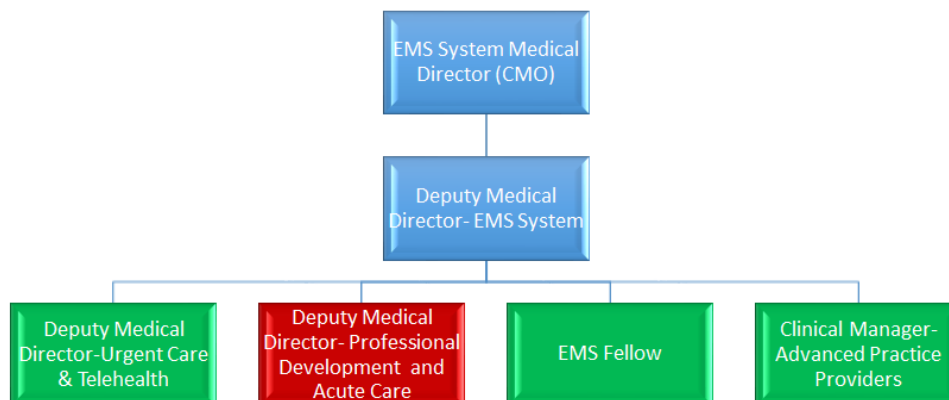
### **Program Coordinator**

#### **Adds one Program Coordinator of EMS System Clinical Data Management**

\$97,209 for 1 FTE plus office and peripheral costs of \$18,530. Continuing education totals \$3,000. Phone allowance totals \$1,260.

*The Program Coordinator of EMS System Clinical Data Management will establish and maintain clinical quality dashboards for citywide clinical services. This position will also work with Austin Public Health and the Equity Office to develop and monitor Key Performance Indicators related to equity and clinical outcomes. Additionally, this individual will be responsible for establishing and monitoring individual healthcare provider clinical dashboard, including maintenance of credentialing requirements for our 2,000 providers in the EMS System.*

## **Phase II (FY22)**



### **Deputy Medical Director**

#### **Addition of one Deputy Medical Director**

\$202,563 for 1 FTE plus one-time costs of \$81,500 for response vehicle and equipment. Office and peripheral costs total \$14,000. Continuing medical education totals \$3,000. Phone allowance totals \$1,260.

*The Deputy Medical Director added in Phase II will oversee Professional Development and Acute Care and provide support for the Chief Medical Officer.*

### **Program Coordinators**

#### **Adds three program coordinators, serving in EMS System Research and Development, Cerebrovascular and Cardiovascular Service Line, and Cardiac Arrest and Trauma Service Line.**

\$291,628 for 3 FTEs plus office and peripheral costs of \$42,000. Continuing education totals \$9,000. Phone allowance totals \$3,780.

*The Program Coordinator of EMS System Research and Development will coordinate the Clinical Initiative Review Committee as well as conducting research on and proposing appropriate improvements to equipment and clinical guidelines. The other two Program Coordinators will be responsible for monitoring and directing respective service lines, including monitoring quality measures, collecting hospital outcomes, and conducting community engagement.*

**Request Summary**

	<b>Total Program Cost</b>	<b>Additional Ongoing Cost</b>	<b>One-time</b>	<b>New FTEs</b>
<b>(Phase I) FY21 Total</b>	\$790,270	\$604,770	\$185,500	3
<b>(Phase II) FY22 Total</b>	\$1,543,674	\$870,647	\$111,500	4
<b>FY23 Total</b>	\$1,592,493	\$160,319	\$ -	
	<b>Total Revenue</b>	<b>Physicians Services Fee</b>	<b>Increased Ambulance Transport Fee</b>	<b>AFD Vehicle Crash Fee</b>
<b>FY21 Total</b>	\$790,270	\$ -	\$490,270	\$300,000
<b>FY22 Total</b>	\$1,590,270	TBD	\$490,270	\$1,100,000
<b>FY23 Total</b>	\$1,590,270	TBD	\$490,270	\$1,100,000

*Note on structure:* The City Manager will determine an appropriate reporting structure for the administration of the OCMO, and the City Manager will work with the Chief Medical Officer to determine an appropriate vehicle for medical practice management, such as an advisory board.

*Funding sources:* These amendments will be funded through adjustments to the fee schedule as estimated above.